



Application Forms

APPLICATION CHECKLIST

Use this checklist to help you arrange the sections of the application in the correct order.

- ☐ Face Sheet (two pages)
- ☐ Museum Grants for African American History and Culture Information Sheet (two pages)
- ☐ Explanation of budget deficit or surplus, if applicable
- ☐ Statement of Purpose/Mission Statement and History (not to exceed one page)
- ☐ Institutional Financial Statements
- ☐ Narrative (not to exceed seven pages)
- ☐ Schedule of Completion
- ☐ Project Budget Forms
 - ☐ Summary Budget
 - ☐ Detailed Budget
 - ☐ Budget Justification (not to exceed two pages)
- ☐ Proof of current, federally negotiated rate for indirect costs, if applicable
- ☐ Proof of Non-profit Status, if applicable
- ☐ List of key project staff and consultants
- ☐ Resume(s) for key project personnel (not to exceed two pages per person)
- ☐ Grant Processing Information Sheet
- ☐ Attachments (not to exceed 20 pages)

FACE SHEET - PAGE ONE

1. Applicant Information

Legal Name: _____
Address 1: _____ Address 2: _____
City: _____ County: _____
State: _____ Zip+4/Postal Code: _____
DUNS Number: _____ Employer/Taxpayer Number (EIN/TIN): _____
Web Address: http://_____

2. Project Information

Project Title: _____

Project Description: _____

Grant Period Start Date: _____ End Date: _____

3. Project Director

Prefix: _____ First Name: _____ Middle Initial: _____
Last Name: _____ Suffix: _____
Title: _____
Address 1: _____ Address 2: _____
City: _____ County: _____
State: _____ Zip+4/Postal Code: _____
E-mail: _____
Telephone Number: _____ Fax Number: _____

4. Primary Contact/Grants Administrator

☐ Same as Project Director (skip to next item)

Prefix: _____ First Name: _____ Middle Initial: _____
Last Name: _____ Suffix: _____
Title: _____
Address 1: _____ Address 2: _____
City: _____ County: _____
State: _____ Zip+4/Postal Code: _____
E-mail: _____
Telephone Number: _____ Fax Number: _____

FACE SHEET - PAGE TWO

5. Type of Applicant (check one):

- ☐ State Government
- ☐ County Government
- ☐ City or Township Government
- ☐ Special District Government
- ☐ Regional Organization
- ☐ U.S. Territory or Possession
- ☐ Independent School District
- ☐ Public/State Controlled Institution of Higher Education
- ☐ Indian/Native American Tribal Government (Federally Recognized)
- ☐ Indian/Native American Tribal Government (Other than Federally Recognized)
- ☐ Indian/Native American Tribally Designated Organization
- ☐ Public/Indian Housing Authority
- ☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
- ☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
- ☐ Private Institution of Higher Education
- ☐ Individual
- ☐ For-Profit Organization (Other than Small Business)
- ☐ Small Business
- ☐ Hispanic-serving Institution
- ☐ Historically Black Colleges and Universities (HBCUs)
- ☐ Tribally Controlled Colleges and Universities (TCCUs)
- ☐ Alaska Native and Native Hawaiian Serving Institutions
- ☐ Nondomestic (non-U.S.) Entity
- ☐ Other (specify) _____

6. Authorized Representative/Authorizing Official

By signing the application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

*Certifications and Assurances, are set forth in the IMLS guidelines for the program to which application is made.

☐ I Agree

Prefix: _____ First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Title: _____

E-mail: _____

Telephone Number: _____ Fax Number: _____

k. Signature of Authorized Representative: _____

l. Date Signed: _____

AFRICAN AMERICAN HISTORY AND CULTURE INFORMATION SHEET - PAGE ONE

1. Legal Name: _____

Organizational Unit (if different from Legal Name): _____

Address 1: _____ Address 2: _____

City: _____ County: _____

State: _____ Zip+4/Postal Code: _____

2. Type of museum, if applicable (check one):

- | | |
|---|---|
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Natural History /Anthropology Museum |
| <input type="checkbox"/> Arboretum/Botanical garden | <input type="checkbox"/> Nature Center |
| <input type="checkbox"/> Art Museum | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Children's/Youth Museum | <input type="checkbox"/> Science/Technology Museum |
| <input type="checkbox"/> General Museum* | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Historic House/Site | <input type="checkbox"/> Specialized** |
| <input type="checkbox"/> History Museum | <input type="checkbox"/> Other, please specify: _____ |

*A museum with collections representing two or more disciplines equally (e.g., art and history)

**A museum with collections limited to one narrowly defined discipline (e.g. textiles, stamps, maritime, ethnic group)

3. If the applicant is a museum, enter attendance for the 12-month period prior to the application:

Onsite: _____ Offsite: _____

4. Total number of hours the museum (if applicant) was open to the public for the 12-month period prior to application: _____

5. Year the museum was first open and exhibiting to the public or year the organization was established/founded:

6. Number of full-time paid institution staff: _____ 7. Number of full-time unpaid institution staff: _____

8. Number of part-time paid institution staff: _____ 9. Number of part-time unpaid institution staff: _____

10.

Fiscal year	Revenue/ Support income	Expenses/ Outlays	Budget deficit (if applicable)*	Budget surplus (if applicable)*
Most recently completed FY _____				
Second most recently completed FY _____				

*If Institution has a budget deficit or surplus for either of the two most recently completed fiscal years, please attach a single sheet behind this face sheet to explain the circumstances of this deficit or surplus.

**AFRICAN AMERICAN HISTORY AND CULTURE
INFORMATION SHEET - PAGE TWO**

11. Total Amount Requested: \$_____.

12. Amount of Cost Share: \$_____.

13. Summary of Project Activities (2,000 maximum character count):

PROJECT BUDGET FORM - SUMMARY BUDGET

Name of Applicant Organization: _____

IMPORTANT! Read instructions before proceeding.

Direct Costs

	\$ IMLS	\$ Cost Share	\$ TOTAL
Salaries and Wages			
Fringe Benefits			
Consultant Fees			
Travel			
Materials, Supplies and Equipment			
Services			
Other			
TOTAL DIRECT COSTS			
Indirect Costs			

TOTAL PROJECT COSTS

Amount of Cost Share

Amount of In-Kind Contributions

Total Amount of Cost Share (Cash and In-Kind Contributions)

Amount Requested from IMLS, Including Indirect Costs

Percentage of Total Project Costs Requested from IMLS (may not exceed 50%)

Have you received or requested funds for any of these project activities from another federal agency?

(Please check one): ☐ Yes ☐ No

If yes, name of agency: _____

Request/Award Amount: _____

PROJECT BUDGET - DETAILED BUDGET

Year ☐ 1 ☐ 2 Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization: _____

Salaries and Wages (Permanent Staff)

Name/Title of Position	No.	Method of Cost Computation	\$ IMLS	\$ Cost Share	\$ Total
TOTAL SALARIES AND WAGES					

Salaries and Wages (Temporary Staff Hired for this Project)

Name/Title of Position	No.	Method of Cost Computation	\$ IMLS	\$ Cost Share	\$ Total
TOTAL SALARIES AND WAGES					

Fringe Benefits

Rate		\$ Salary Base	\$ IMLS	\$ Cost Share	\$ Total
	% of				
	% of				
	% of				
TOTAL FRINGE BENEFITS					

Consultant Fees

Name or Type of Consultant	No. of days	Daily Rate of Compensation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS					

Travel

From/To	No. of persons	No. of days	\$ Subsistence Costs	\$ Transportation Costs	\$ IMLS	\$ Cost Share	\$ Total
TOTAL TRAVEL COSTS							

Materials, Supplies, and Equipment

Item	Method of Cost Computation	\$ IMLS	\$ Cost Share	\$ Total
TOTAL MATERIALS, SUPPLIES, AND EQUIPMENT				

Services

Item	Method of Cost Computation	\$ IMLS	\$ Cost Share	\$ Total
TOTAL SERVICES COSTS				

Other

Item	Method of Cost Computation	\$ IMLS	\$ Cost Share	\$ Total
TOTAL OTHER COSTS				

TOTAL DIRECT PROJECT COSTS

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Indirect Costs

Read the instructions about Indirect Costs before completing this section.

Applicant Organization is using (check one):

- ☐ An indirect cost rate that does not exceed 15 percent
☐ A current, federally negotiated indirect cost rate

Name of federal agency: _____ Expiration Date of Agreement: _____

- ☐ A proposed rate while negotiating a federally negotiated direct cost rate (must include the indirect cost proposal in the application material)

Name of federal agency: _____ Date of initial proposal: _____

Indirect Cost Calculations

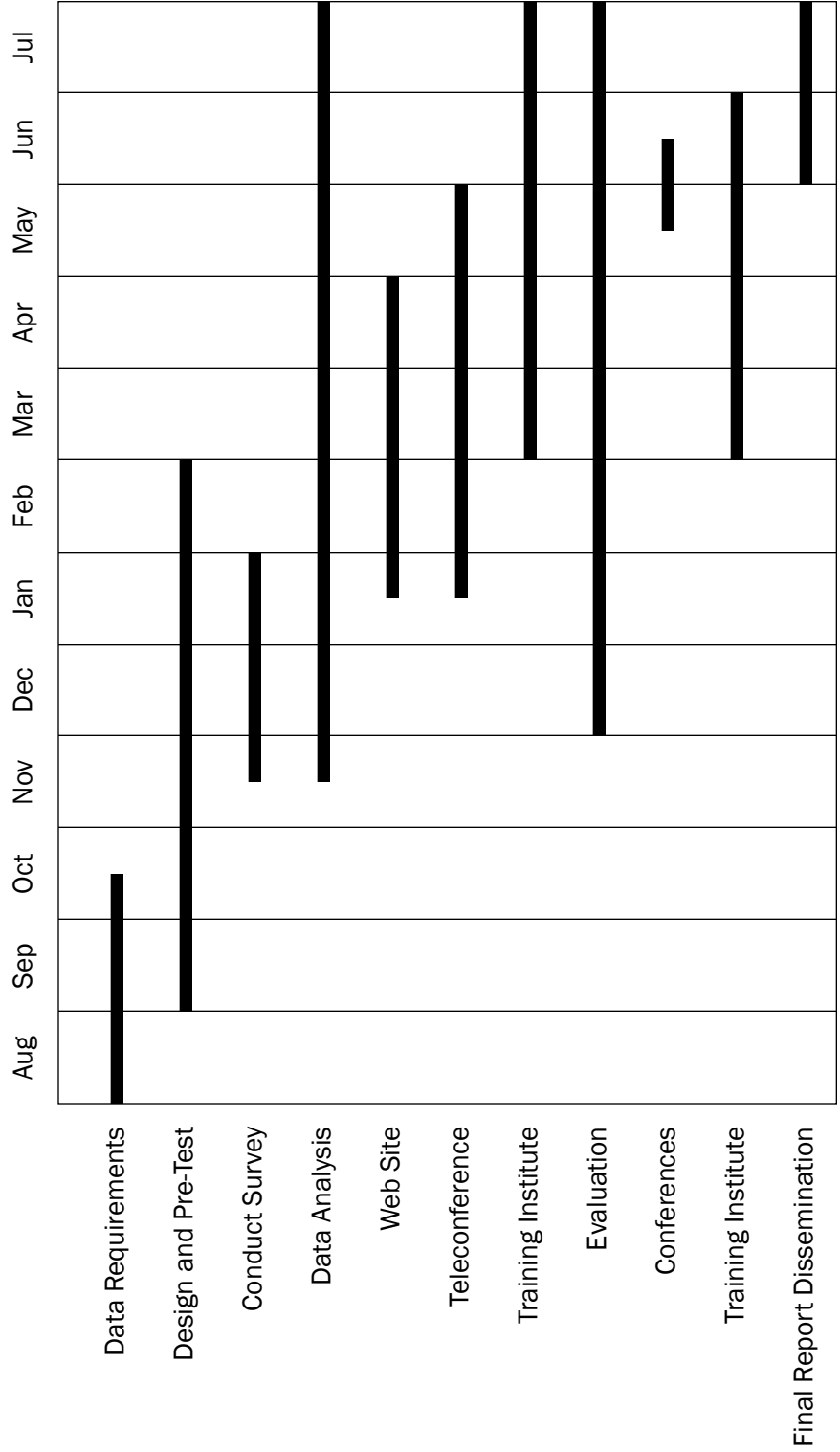
_____ % of \$ _____ (modified direct IMLS costs) = \$ _____ IMLS indirect portion

_____ % of \$ _____ (modified direct Cost Share costs) = \$ _____ Cost Share indirect portion

Total indirect costs = \$ _____

SAMPLE SCHEDULE OF COMPLETION

This is a sample format for a schedule of completion (see page 22). You may prepare yours in a similar manner or you may create your own format. Whatever format you choose, be sure to list each major project activity addressed in your narrative, the date each activity begins and ends (month, day, year), and if part of a much larger project make sure the IMLS funded portion is clearly identified. It is critical that the dates on your schedule of completion correspond to the project dates on your Face Sheet (pages 35–36).



GRANT PROCESSING INFORMATION SHEET

Eligibility Requirements

All IMLS Museum Grants for African American History and Culture applicants must answer the following questions.

1. Please check the appropriate answer.

a. A museum whose primary purpose, as reflected in its mission, is African American life, art, history, and culture.

☐ Yes

☐ No

b. A museum service organization or association whose primary purpose, as reflected in its mission, is to support museums identified in 1a. above.

☐ Yes

☐ No

c. An Historically Black College or University as defined by the Higher Education Act of 1965, as amended, 20 U.S.C. Section 1061, and pursuant to Executive Order 13256, dated February 12, 2002.

☐ Yes

☐ No

2. Is the institution either a unit of state or local government or a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code, which is organized on a permanent basis for essentially educational or aesthetic purposes?

☐ Yes

☐ No

3. Does the institution own or use tangible objects, whether animate or inanimate?

☐ Yes

☐ No

4. Does the institution care for tangible objects, whether animate or inanimate?

☐ Yes

☐ No

5. Are these objects exhibited by the institution to the general public on a regular basis through facilities the institution owns or operates?

☐ Yes

☐ No

6. Is the institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities the institution owns or operates?

☐ Yes

☐ No

7. Does the institution employ at least one professional staff member, or the full-time equivalent, whether paid or unpaid, who is primarily engaged in the acquisition, care, or exhibition to the public of tangible objects owned or used by the institution?

☐ Yes

☐ No